

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: METHODS AND APPARATUS FOR  
PERFORMING PIXEL AVERAGE OPERATIONS

Attorney Docket Number:: 016747-015500US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 6

Total Drawing Sheets:: 8

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl:: No

General Information		Demographics		Clinical History		Physical Examination		Laboratory Studies		Imaging Studies		Treatment		Outcome			
Item	Value	Item	Value	Item	Value	Item	Value	Item	Value	Item	Value	Item	Value	Item	Value		
Age	45	Gender	Male	Chief Complaint	Headache	Location	Right side	Duration	3 days	Severity	7/10	Associated Symptoms	Nausea	Yes	Frequency	3 times	
Weight	180	Height	70	Medical History	Hypertension	Medications	Lisinopril	Smoking	Yes	Quantity	1 pack	Alcohol	Yes	Quantity	2 glasses	Family History	Stroke
BMI	30.3	BP	140/90	Current Medications	Lisinopril	Side Effects	Dizziness	Exercise	Yes	Frequency	3 times	Stress	Yes	Level	High	Genetics	None
Heart Rate	72	Respiratory	Normal	Neurological	Normal	Psychiatric	Normal	Diagnosis	Migraine	Prognosis	Good	Follow-up	Yes	Frequency	1 month	Notes	None
Temperature	37.2	Abnormalities	None	Referral	Neurologist	Referral Date	10/10/2023	Referral Reason	Headache	Referral Status	Completed	Referral Outcome	Improved	Referral Notes	None	Referral Contact	Dr. Smith
SpO2	98	Referral	Neurologist	Referral Date	10/10/2023	Referral Reason	Headache	Referral Status	Completed	Referral Outcome	Improved	Referral Notes	None	Referral Contact	Dr. Smith	Referral Date	10/10/2023
ECG	Normal	Referral	Neurologist	Referral Date	10/10/2023	Referral Reason	Headache	Referral Status	Completed	Referral Outcome	Improved	Referral Notes	None	Referral Contact	Dr. Smith	Referral Date	10/10/2023
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Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Daniel
Middle Name::	S.
Family Name::	Rice
Name Suffix::	
City of Residence::	Oakland
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	5838 Birch Court, #F
City of Mailing Address::	Oakland
State or Province of mailing address::	CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94618

### Correspondence Information

Correspondence Customer Number:: 20350

### Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	27,431	Robert C. Colwell
Associate	40,647	Chad S. Hilyard
Associate	43,616	Thomas D. Franklin

### Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

### Foreign Priority Information

Country:: Application number:: Filing Date::

### Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::